

Request Number
Assigned by Dept. of Ins.

LIST SECURITIES TO BE WITHDRAWN ON REVERSE

Request Number
Assigned by Dept. of Ins.


Company Name:	
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SECURITIES TO BE WITHDRAWN						
Description of Securities If withdrawing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Maturity Dates	Par/Face Value	Market Value As of: _____	Deposit Value (Lower of Par or Market)
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
WITHDRAWAL GRAND TOTALS				-	-	-

If additional space is needed, use plain paper following columnar format above and have signers initial and date each page.

AUTHORIZATION

COMPANY			FINANCIAL INSTITUTION	
<p align="center">MUST BE COMPLETED BY AUTHORIZED COMPANY OFFICER</p> <p><i>The insurer certifies that the substituted/additional deposit/withdrawal without replacement is in compliance with Sections 11691 and 11691(c) of the California Insurance Code and Article 9.5, Subchapter 3, Chapter 5, Title 10 of the California Administrative Code.</i></p>			<p><i>We (depository) certify that this accounting is true and correct according to our best information and belief.</i></p>	
_____	_____	_____	_____	_____
<i>Signature of Company Officer</i>	<i>Print Name and Title</i>	<i>Date</i>	<i>Authorized Signature</i>	<i>Date</i>
_____	_____	_____	_____	_____
<i>Signature of Company Officer</i>	<i>Print Name and Title</i>	<i>Date</i>	<i>Authorized Signature</i>	<i>Date</i>



Depository Seal